



03500.015675.

PATENT APPLICATION

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|------------------------------|---|----------------------|
| In re Application of: |) | |
| OSAMU TSUJII ET AL. |) | Examiner: N.Y.A. |
| Application No.: 09/923,422 |) | Group Art Unit: 2882 |
| Filed: August 8, 2001 |) | |
| For: IMAGE SENSING APPARATUS |) | April 8, 2002 |

Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicants' attorneys have received an official Filing Receipt in the above-identified application in which the first inventor's last name needs correction.

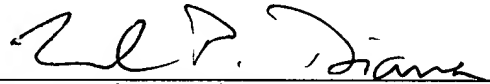
Please correct the first inventor's name to read: --OSAMU TSUJII--.

Issuance of a corrected Filing Receipt, corrected as shown above, is accordingly respectfully requested.

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Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 28,286

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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 09/923,422 | 08/08/2001 | 2882 | 920 | 35.C15675 | 7 | 15 | 4 |

05514
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LPD

DWR. R. R. R.

CONFIRMATION NO. 9933

UPDATED FILING RECEIPT



OC000000007085010

Date Mailed: 11/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Toshikazu Tamura, Tochigi, JAPAN;

Domestic Priority data as claimed by applicant

Foreign Applications

JAPAN 245192/2000 08/11/2000
JAPAN 235052/2001 08/02/2001

If Required, Foreign Filing License Granted 09/19/2001

Projected Publication Date: 02/28/2002

Non-Publication Request: No

Early Publication Request: No

Title

Image sensing apparatus

Preliminary Class

328

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Bib Data Sheet

CONFIRMATION NO. 9933

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|--|---|----------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/923,422 | FILING DATE 08/08/2001 RULE | CLASS 328 | GROUP ART UNIT 2882 | ATTORNEY DOCKET NO. 35.C15675 | |
| APPLICANTS Osamu Tsujii, Tochigi, JAPAN; Toshikazu Tamura, Tochigi, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 245192/2000 08/11/2000 JAPAN 235052/2001 08/02/2001 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/19/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 7 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 4 |
| ADDRESS 05514 | | | | | |
| TITLE Image sensing apparatus | | | | | |
| FILING FEE RECEIVED 920 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

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